ACCOUNTING SUMMARY FORM #1 – GENERAL PURPOSE
FOR NON-PROFESSIONAL GUARDIANS
(Estates over $80,000.00 in liquid assets)

9. Estate Information

For Accounting Period starting _____ and ending _____.

Item # Description	**Value at Beginning of Accounting: Date: _____**	**Value at End of Accounting: Date: _____**	**Difference**
Real Estate			
Bank Accounts and Investments (Cash, Checking, Savings, CD's, Money Market, Stocks, IRA's)			
Money Owed TO the Incapacitated Person (Mortgages, Contracts, Promissory Notes Payable to the Incapacitated Person)			
Furniture, Vehicles, Boats, and Other Personal Property			
10. Total Value of Assets			

Liabilities (List all debts or obligations of the Incapacitated Person and the Estate)			
11. Total of Liabilities			

12. Net Totals (Item 10 minus Item 11)			

13. Income Received From All Sources During the Reporting Period

	Current Monthly Benefit	Total Received
a. Wages	$	$
b. Social Security	$	$
c. Retirement Benefits	$	$
d. Disability	$	$
e. Health Insurance Benefits	$	$
f. Other Monthly Income	$	$
g. Gain on Sale of Asset: Asset: Asset:	$	$
h. Interest on Certificate(s) of Deposit	$	$
i. Income on Mutual Funds	$	$
j. Savings Account Interest	$	$
k. Money Market/Checking Account Income	$	$
l. From Trust or Spousal Maintenance	$	$
m. Adjustment for Increase in Value of:	$	$
n. Adjustment for Increase in Value of:	$	$
o. Other:	$	$
14. Total Income		

15. Disbursements and Outgoing Payments

Personal Living Expenses	
a. Housing (Rent/Mortgage) at:	$
b. Heat/Lighting/Water/Sewer/Cable/Telephone	$
c. Household Maintenance	$
d. Food and Household Supplies	$
e. Clothing	$
f. Personal Care and Services (Other than Medical Attendants)	$
g. Insurance for:	$
h. Allowance or Money Given Directly to Incapacitated Person	$
i. Auto and Transportation	$
j. Travel	$
k. Other:	$
Healthcare Expenses	
a. Health Insurance Premium	$

b. Doctor Fees	$
c. Hospital and Health Care Providers	$
d. Prescription and Pharmacy	$
e. Medical Transportation	$
f. Visiting Nurse/Companion Services	$
g. Other:	$
Professional Fees	
a. Guardian Fees	$
b. Attorney Fees for Guardian	$
c. Attorney Fees for Petitioner	$
d. Guardian ad Litem Fees and Costs	$
e. Trustee Fees	$
f. Bond Premium	$
g. In-Home Services	$
h. Accounting Fees	$
i. Other:	$
Other Expenses	
a. Subscriptions	$
b. Bank Charges	$
c. Federal Income Tax	$
d. Gifts	$
e. Adjustments for Decrease in Value of:	$
f. Adjustments for Decrease in Value of:	$
g. Other:	$
16. Total Disbursements Outgoing From Incapacitated Person's Estate	$
17. Net Total of Income and Disbursements (Item 14 minus Item 16)	$

I certify (or declare) under penalty of perjury under the laws of the State of Washington that to the best of my knowledge the statements in this Guardian's Report, Accounting, and Proposed Budget and attached Accounting Summary are true and correct and hereby petition the Court for approval.

SIGNED AT _____, WASHINGTON THIS _____ DAY OF _____, 200__.

Signature of Guardian	Printed Name of Guardian, WSBA/CPG#
Address	Telephone/Fax Number
City, State, Zip Code	Email Address